



U.S. Senator Judd Gregg, Chairman

Senate Committee on Health, Education, Labor and Pensions

Chairman's Statement
Senator Judd Gregg
The Severe Acute Respiratory Syndrome Threat
April 29, 2003
U.S. Senate Committee on Health, Education, Labor and Pensions

I am concerned about the growing problem of SARS, particularly in China. The U.S. has by no means been exempt from SARS, but fortunately, by pure luck or by some combination of luck and preparedness, has not experienced any SARS-related mortality.

Our neighbors to the north have not been so lucky, and I'm particularly pleased to welcome them here today to share their experience and insight. The invaluable lessons taught us by our Canadian friends will no doubt mitigate the potential consequences if the SARS epidemic should escalate in the U.S.

Given the mobility of the global community, no nation is immune from the actions of others, and every nation is under obligation to comply with basic public health principles of transparency and aggressive containment of potentially fatal communicable disease.

What if China had come clean months ago? What if the Guangdong province had implemented protocols screening air travelers for symptoms? Would that doctor have traveled to the hotel in Hong Kong? Would hundreds have died? Would Hong Kong and other regions be economically devastated? Would the world be permanently saddled with this new disease that is unlikely to disappear now that it has moved into the Chinese hinterlands, possibly only to emerge every year, like influenza, killing tens of thousands?

I hope it's not too late to avert this all-too-preventable disaster. However, even if it is too late for SARS, I have encouraged the State Department to investigate the foreign policy tools available to us to prepare for and prevent this sort of catastrophe with future diseases.

Regardless of the origin of this epidemic, we are now faced with the consequences. Given the seriousness of the situation in Canada, I am concerned about the security of the U.S., both health security and economic security. We've seen the devastating economic consequences of SARS in Hong Kong and we certainly don't wish a repeat in Toronto.

The economic impact is relevant not only because of its potential domestic replication should the SARS epidemic escalate in the U.S., but also because the economy of the Toronto and greater Ontario regions are inextricably linked to our own. Even if SARS does not worsen in the U.S., Toronto's experience will no doubt affect businesses and economies within our own borders.

A related issue is the problem of prevention of spread between our countries and the containment efforts at the borders, trains, ports and airports. I appreciate that Health Canada and CDC are working together at Toronto's Pearson airport to screen and educate passengers. I'll be interested to hear from our witnesses today about the efforts being made at the U.S./Canadian border crossings. Domestically, I am concerned that not every flight arriving in the U.S. from affected regions in Asia is being screened for potential SARS cases.

I want to commend both U.S. and Canadian authorities for the scientific progress they've made in identifying, sequencing and characterizing the SARS virus as well as developing screening tools. I understand that there has been speculation about potential modes of transmission being expanded to include fomites or fecal-oral transmission given what we learned about the transmission in sewage systems in Hong Kong.

I'm interested in the progress being made on developing a clinically useful diagnostic screen, and in the prospects for vaccine development. I understand that there are a variety of barriers to vaccine development, not all of which are scientific.

On April 14th, the HIPAA privacy regulations went into effect, which have garnered a lot of attention in the health care and patient communities. It has not escaped my notice that this SARS epidemic highlights the importance of balancing the need to protect patient privacy with the need to protect the public's health.

We need to be wary of legislation designed to add more restrictions and barriers that would undermine the ability of public health authorities to effectively and quickly respond to public health threats with product recalls. Proposed legislation that would prohibit disclosure of information to public health authorities and persons responsible for tracking adverse drug events and initiating product recalls undermines public safety.

Imposing a prior authorization mandate and allowing patients to withhold information from public health authorities (e.g., CDC, FDA) would clearly limit any ability to protect the public's health. While we must protect patients from inappropriate use and disclosure of their health information, the SARS epidemic highlights that appropriate disclosure of information to public health authorities is critical for effective disease surveillance, which is the foundation of disease control.

I want to thank again Drs. Gerberding, Gully and Young for being here today to update us and I look forward to hearing their insights.

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